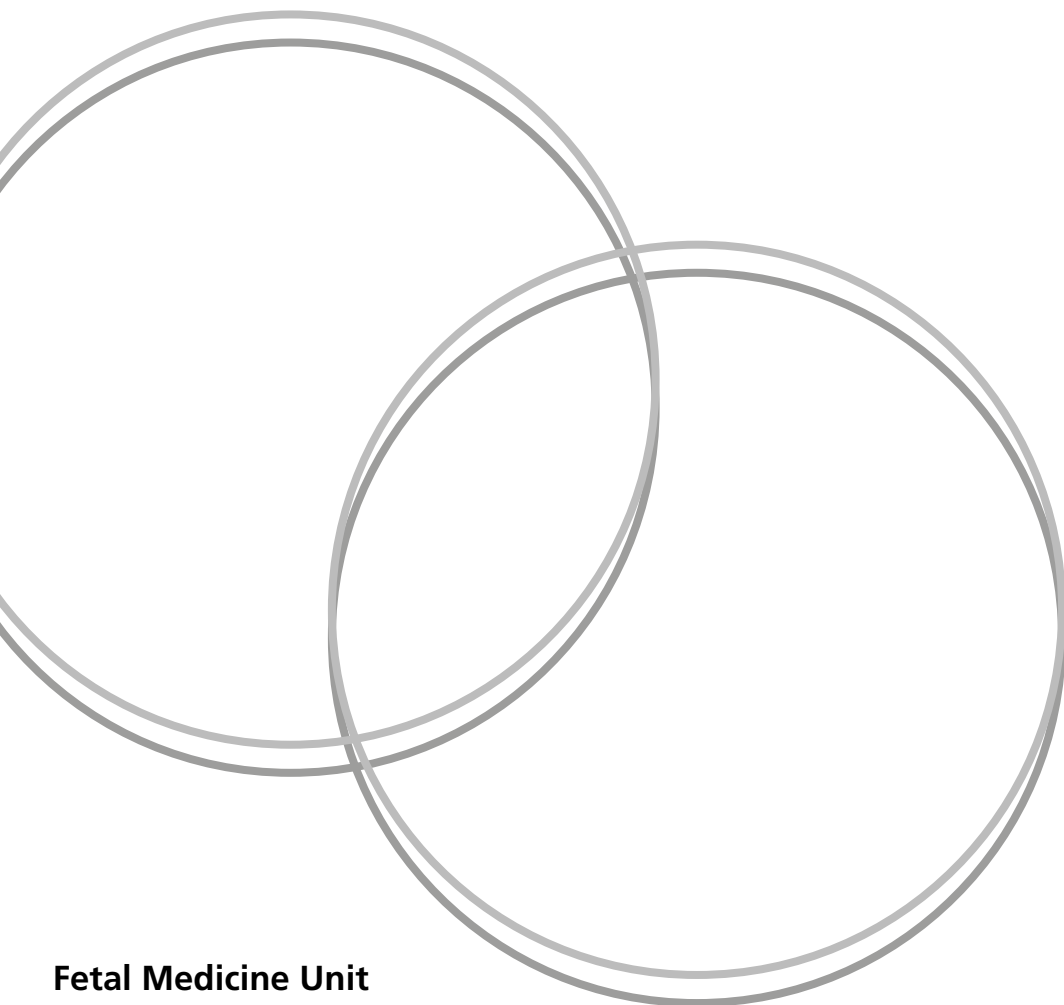


# Termination of pregnancy from 20 weeks gestation

Information leaflet



This leaflet contains information about termination of pregnancy after 20 weeks gestation. We appreciate that this information is sensitive and may be very difficult to read, so we suggest you do so when you feel ready and with someone you feel you can trust to support you.

Making the decision to end a pregnancy due to unusual or unexpected conditions in your baby's development is extremely difficult and painful for most parents. The situation can feel very daunting, and it is normal to experience a wide range of emotions during this time.

Our aim is to provide the best care we can for you and your family. Clear information and individualised support will help you to prepare and think through your care options.

It is important that you do not feel alone.

The fetal medicine team are here to support you and will discuss any questions or concerns you have. Our aim is to be sensitive but clear during our discussion with you.

## **What does the procedure involve?**

Medical termination of pregnancy after 20 weeks is a three stage process, that involves stopping the baby's heart and then giving medication in two stages. The medication will end the pregnancy and bring on labour and the vaginal birth of the baby. The midwife caring for you at the time of the termination will advise you on where to come for this process.

The first stage of the process takes place on the Fetal Medicine Unit (FMU). Our FMU midwifery team will make these arrangements with you directly.

## **Stage one**

The fetal medicine doctor and midwife will sit down with you to talk you through the termination of pregnancy process. They will help you to complete the necessary legal paperwork and ask for your written consent for the termination of pregnancy. An ultrasound scan is then performed, which takes place in the Fetal Medicine Unit, on Level 6 of the Women's Centre.

Whilst you are being scanned, the process begins with an in-utero (in the womb) procedure under ultrasound guidance, to administer medicine directly to the baby, to stop baby's heart. The fetal medicine doctors will do this whilst you are having the ultrasound scan. Local anaesthetic is given into your abdomen (tummy) to numb the area, to make you more comfortable. Medicine is then administered through your abdomen, directly into the umbilical cord to stop baby's heart beating. This is performed before inducing labour (starting labour artificially), to prevent the baby being born with signs of life.

It may help you to know:

- The baby will not be aware of anything or be in pain.
- The procedure is performed by experienced consultants and is managed respectfully, carefully and safely.
- You will not be alone during this time - we invite one adult support person/partner to be with you at all times.
- You will not hear anything on the scan machine.
- You will be informed when the procedure is complete.
- The procedure can last anything between 15 mins and one hour, if it takes longer this does not mean anything is wrong.

We will give you some time together in the room directly after the procedure and then escort you to a quiet space.

## **Stage two**

When you are comfortable, with your permission, a midwife will then give you a tablet to take (by mouth) called Mifepristone. The tablet is designed to ripen (soften) your cervix (neck of the womb) to aid stage three of this process.

We encourage you to stay for approximately 30 mins after taking the tablet, to ensure your physical wellbeing.

You will then return home for 48 hours, at which point Stage three commences.

## **Further information about Mifepristone**

After having taken the mifepristone tablet, you will be advised to avoid

- Taking ibuprofen
- Drinking alcohol
- Smoking
- Drinking grapefruit juice

When you leave hospital, we will provide you with a 24-hour telephone number to call in case you have any concerns (**please see What is abnormal and who should I call? on page 6**). You will be given a time to come back into hospital for 48 hours later.

Whilst we cannot say exactly when the pregnancy will end inside you, we know it is likely to be sometime between taking the Mifepristone tablet and during labour.

## **What to expect at home after taking Mifepristone**

You are likely to have a numb patch on your abdomen from stage one of the procedure, this will return to normal later on in the day.

It is more than likely that you will have some intense period-like pain due to stage two of the procedure.

The Mifepristone tablet is not designed to make you go into labour or deliver immediately.

It is normal to experience nausea and period-like pain and pelvic ache. To relieve these symptoms, we would suggest that you take paracetamol (following the instructions on the packet) and using a hot water bottle to relieve back pain or discomfort from any numbness on your tummy. You can also have a bath if you find this soothing.

The level 7 bereavement suite team will call you during your time at home, to check that you are physically well, to offer support and to discuss any concerns that you may have.

## **What is abnormal and who should I call?**

Whilst at you are at home, please call the Level 7 Bereavement Suite on 01865 221666 or 01865 221664 if you have any concerns, or if you experience any of the following:

- Vaginal bleeding
- Abdominal pain
- Vomiting
- Flu-like symptoms

Your call will be answered 24 hours a day.

You can just say the words 'Green Butterfly' if you find it too difficult to explain your concerns to a member of staff that is not familiar with your situation. Your call will be transferred, so that you can speak to a midwife immediately.

## **Stage two: Further information**

The hospital doctor will discuss the chance of complications with you.

- 1 in 10 women will experience an infection after this process.
- For the vast majority of women, this process will not adversely affect their fertility (ability to get pregnant), or their ability to hold a pregnancy and have a normal childbirth experience in the future.
- About 5 in 100 women need to have an operation called ERPC to remove any remaining placenta or other tissue from the womb and to reduce bleeding.

### **Stage three**

After 48 hours, you come back into hospital (at the time previously arranged with you) to attend the Level 7 Bereavement Suite with your chosen adult support person or partner.

You may wish to bring things like books, music, laptops, snacks, a pillow with you for your time in hospital, along with an overnight bag with toiletries for you and your support person or partner.

The rooms on Level 7 have an ensuite bathroom and a fridge is usually available.

**You may be advised you that your care needs to take place on the Delivery Suite depending on your medical need or safety. This will have been explained to you during stage one discussions.**

We do our utmost to keep you in a situation-sensitive place within the hospital. Should you need to be cared for on Delivery Suite during any of your time in hospital, we offer our apologies in advance for any upset being in this birth setting may cause you. It is our priority to ensure you are cared for safely and that your privacy and dignity is respected at all times.



## **Stage three**

The stage three process begins with a midwife or doctor inserting a cannula (a very thin plastic tube) into a vein in the back of your hand or in your arm. A midwife will then discuss your care preferences with you.

Misoprostol is the medication used to induce (bring on) labour. This will be given as a vaginal pessary or as an oral tablet. How you take the Misoprostol will be dependent on your clinical circumstances and will be discussed with you at the time.

If you are being given Misoprostol by vaginal pessary, once you are comfortable, with your permission, a midwife will perform a vaginal examination and insert the pessary near to your cervix (neck of the womb). A vaginal pessary is a small tablet of medicine that dissolves near to/around your cervix). The vaginal pessaries are given to start labour and will be given approximately every 3 hours, until the point at which you have a vaginal delivery.

Sometimes an oxytocin-hormone drip is needed to aid contractions. If this is needed, it will be discussed with you at the time.

The stage three process may take up to 24 hours in some cases. This varies from person to person and depends on individual circumstances, but we always keep you updated about your progress. We try to provide an indication of how long the process is likely to take whenever possible.

Our aim is to keep you as physically comfortable as possible. There is a wide range of pain relief available from oral medication (taken by mouth), pain relief in the form of opioid injections and epidural (spinal) anaesthesia.

Emotionally, this will be a very challenging time for you and your family. Sometimes, the sadness and stress of this situation can make the physical pain of labour more difficult to cope with. Please be reassured that the midwives caring for you are experienced health care professionals, who are on hand to support and guide you through this process with compassion and understanding.

## **Delivery**

At the point of delivery, it becomes very personal for parents and families, so this leaflet aims to outline options that we ask you to consider rather than telling you what will happen.

Some parents may prefer to:

- Not see the baby
- Have time together as a couple
- Leave hospital as soon as possible
- Have (religious or non religious) blessings from the chaplaincy team
- Have mementos of the pregnancy including prints and photos
- Bring in clothing or mementos for the baby

Other parents may prefer to:

- See the baby
- Hold the baby
- Have time together as a family

## **After the delivery**

After the delivery of the baby, we recommend you have an injection to help the placenta (afterbirth) come away. This injection also reduces the chance of heavy bleeding. In some cases, the placenta stays in the womb. If this happens, the midwife will discuss the possibility of transferring to Delivery Suite Theatres to have the placenta removed, with help from the obstetric and anesthetic teams.

## **Other considerations following delivery**

Parents will be supported to discuss the following options with a midwife:

- Further examinations on the baby (known as a post-mortem)
- Further examinations on the placenta
- Ceremonies according to preference or religious belief; private or hospital-arranged

# Returning home

Once you are medically fit and well and emotionally ready to leave hospital, you will be discharged home.

## What to expect when at home

1. Vaginal bleeding will continue for between 2 to 6 weeks after delivery.

Whilst the bleeding will reduce during this time, everyone is different so it may stop more quickly for some than others. Bleeding can also be affected by stress, lack of sleep, natural cycles, the delivery or if you have had retained products (as explained in the **stage two further information section**).

2. If you experience any abdominal (tummy) pain, offensive smelling vaginal loss, high temperature or if you generally feel unwell, please call your GP urgently.
3. Emotionally, this is highly likely to be a very difficult/challenging time for you.
  - You may struggle with different aspects of everyday life.
  - You may feel guilty about feeling quite well and stable.
  - You may want to consider whether work is a supportive environment for you.
  - You may want to consider whether counselling services could, in time, offer you a way of being able to discuss your stresses, pain and emotions in a safe and sensitive space.

**If you experience any of the following symptoms within 7 days following delivery, please call Maternity Assessment Unit immediately;**

- **difficulty breathing**
- **Large amounts of blood loss**
- **severe abdominal (tummy) pain**

**Your call will be answered 24 hours a day**

## Follow up care

### **1. If you are a Fetal Medicine patient:**

The Fetal Medicine Midwives will call you 3 to 4 weeks after your delivery, to check on your wellbeing and to discuss follow up care with you.

### **2. If you are not a Fetal Medicine patient:**

The bereavement midwives will call you 3 to 4 weeks after your delivery to check on your wellbeing and to discuss follow up care with you.

Your GP will have been previously notified about your pregnancy loss.

We recommend that you speak with or visit your GP at around 6 weeks after your delivery, to discuss any ongoing concerns. You can also discuss contraception (methods to stop you getting pregnant) or future pregnancy care during this visit if you feel ready to.

## **In the future**

Our bereavement midwives are available to offer further support and continuity of care in your new pregnancy should this be something you feel you would like and/or need.

## **Additional contacts**

### **Remember My Baby**

<https://remembermybaby.org.uk/>

### **SANDS**

<https://www.sands.org.uk/about-sands/our-work/supporting-parents>

### **ARC**

<https://www.arc-uk.org/about-arc>

### **Petals**

<https://petalscharity.org/>

### **NHS Mental Health Charities**

<https://www.nhs.uk/mental-health/nhs-voluntary-charity-services/>

### **Fetal Medicine Midwives**

Tel: **01865 221716**

(Monday to Friday – 08.30 to 17.30)





## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

*We would like to thank the Oxfordshire Maternity Voices Partnership for their contribution in the development of this leaflet.*

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Oxford University Hospitals NHS Foundation Trust

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